

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35885

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, Missouri. 1002	
d. FULL NAME OF HOSPITAL OR INSTITUTION In route to Hospital		d. STREET ADDRESS (If rural, give location) Sun Set addition 0	

3. NAME OF DECEASED (Type or Print) James		a. (First) (N)		b. (Middle) (N)		c. (Last) Franks		4. DATE OF DEATH (Month) (Day) (Year) October 8, 1950	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1904		9. AGE (In years last birthday) 46	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day laborer		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Mississippi.		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Miss Bernice Anderson, Crutherville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Stabbed in heart with knife</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 8982A	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lawrence		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Sikeston Scott MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-8-1950 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fighting	
22. I hereby certify that I attended the deceased from <u>First</u> , 19 <u>50</u> , to <u>last</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-8-1950</u> , and that death occurred at <u>10-8-1950</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) F. Hyde P. 3. Carver		23b. ADDRESS Sikeston MO		23c. DATE SIGNED 10/10/50	
24a. BURIAL, CREMATION REMOVAL (Specify) Buried		24b. DATE 10-28-50		24c. NAME OF CEMETERY OR CREMATORY CARPENTER	
24d. LOCATION (City, town, or county) (State) Scott County MO		24e. NAME OF CEMETERY OR CREMATORY CARPENTER		24f. LOCATION (City, town, or county) (State) Scott County MO	
DATE REC'D BY LOCAL REG. 10-31-50		REGISTRAR'S SIGNATURE Mrs. Olla Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Funeral Home Sikeston MO	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 6 1950
SCOTT COUNTY HEALTH CENT
CO. FILE NO. 1150-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4695

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.